

Meatal and Urethral Dilatation for Urethral Strictures

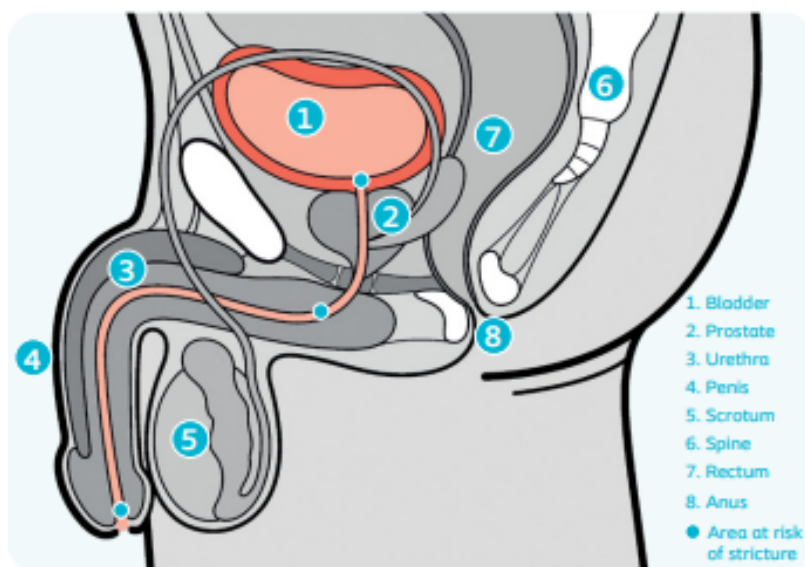
Patient Information – Urology Service

What is a stricture?

A stricture is a narrowing within the meatus (opening at the tip of the penis) and/or along the urethra (tube from the bladder that empties urine).

This narrowing can be due to scar tissue from urological surgery, a catheter, radiation or trauma. The stricture causes obstructive urinary symptoms such as poor flow, poor bladder emptying and frequency.

Areas at risk of stricture



How is a stricture diagnosed?

A flow rate and residual test will be performed in which you pass urine into a special machine that demonstrates what your flow is like and how long it takes for you to pass urine. A bladder scan will be done after the test to determine how well you are emptying your bladder. This gives the doctor some information on how your bladder is, but it is not a definitive diagnosis.

A flexible cystoscopy is a procedure to diagnose a stricture. This involves a telescopic camera being passed down your urethra by a doctor. He/she will be able to determine where the stricture is and what management it will require.

Urethral dilatation can occur at the same time as the flexible cystoscopy by placement of a guidewire and dilator (catheter). The dilator widens the narrowing in the urethra. A urethral

catheter may be inserted for a period of time, which helps to keep the narrowed area dilated.

A trial of void appointment will be arranged for you and you may also be referred to learn meatal / urethral dilatation once the catheter is removed.

What is meatal / urethral dilatation?

This is when you pass a dilator into your meatus (external opening of your water-pipe) in order to enlarge the narrowing that is causing your urinary issues.



Meatal dilator



Urethral dilator

How do I carry out meatal / urethral dilatation?

1. Collect the necessary equipment

- Meatal dilator / catheter
- Water-soluble lubricant
- Wet wipes or toilet tissue

Additional equipment, if required:

- Container for collecting the urine, if not using the toilet

2. Wash your hands

3. Set up your equipment on a clean, easily accessible surface

- Ensure the dilator is within reach
- Open the lubricant

4. Remove the dilator / catheter from the clean container or packet

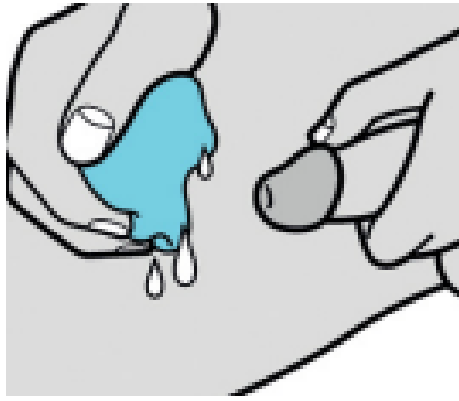
- Try not to touch the end that is going into your bladder

5. Apply lubricant to the insertion end of the dilator

6. Assume a comfortable position

- This may be sitting on the toilet, chair or wheelchair

7. Wash the tip of the penis with wet wipes or toilet tissue. If you are uncircumcised, pull back the foreskin



8. Hold your penis pointing upwards and close to your stomach to ensure the urethra is straight
 - This position helps aid the insertion of the dilator



9. Insert the dilator into the opening of your penis
 - If you have a **meatal stricture**, insert the dilator as far as you feel comfortable or as advised by your urologist / Continence Nurse.
10. Move the dilator up and down a few times and gently turn while inserted. Leave it in for a few seconds and then slowly remove.

If you have a **urethral stricture**, insert the catheter gently as some resistance may be felt as it nears the bladder. If this occurs, wait momentarily until the sphincter relaxes. Maintain the penis in an upright position and reapply gentle, firm pressure. Do not force the catheter. Try to breathe deeply and relax. Let the urine pass into the toilet or container. This ensures that you have passed right through the urethra and have not missed the area that needs to be dilatated along the urethra.

You can continue to empty your bladder or remove the catheter. If you remove it, place your finger over the end of the catheter and withdraw the catheter, which ensures that the urine stays inside the catheter and does not leak out everywhere.

11. If you continue to empty your bladder, wait for the urine to stop flowing and slowly withdraw the catheter.
 - If more urine starts draining, stop removing the catheter to allow this to empty.
 - When there is no more urine flowing, you may remove the catheter. Remember to pull the foreskin back over the penis.
12. Wash your hands and wash the meatal dilator with warm soapy water and store it in a clean dry container. If you have been advised to, you can also dispose of the catheter in your household waste.

How often will I need to do this?

Use the dilator daily for the first two weeks. After this, use it every second day for two weeks and then every third day for two weeks. If things are going well, you will be able to cut down to once a fortnight and continue with once a month, providing your urine flow has improved and your obstructive symptoms have reduced or resolved.

Continue to use the size 14 French catheter for urethral dilatation. Once you feel confident, try using the size 16 French catheter. This size is a bit more rigid and some people have more difficulty using this. If you do, please return to using the smaller sized catheter. It is better that you are confident and comfortable performing dilation with the smaller size catheter than not doing it at all.

How will I know that the narrowing is improving?

You should notice that it is easier for you to pass urine. Your flow should be better, you should feel that you are emptying your bladder more and urinary frequency should decrease.

You might be asked to do a flow rate and residual test again to compare to your previous one.

If you find your symptoms start to worsen at any point, start using the dilator everyday again, and start the regime (outlined above) from the beginning.

Does meatal / urethral dilatation always fix the narrowing?

For this to work, it is very important you carry out self-dilatation as described to you by your nurse. If you do not carry this out, the stricture will probably not improve and may even get worse and require surgery.

Does dilatation lead to infection?

There is a chance of infection when using a dilator / catheter. As you become more skilled in inserting the dilator, the chances of developing an infection reduce.

To reduce the risk of infection, regularly clean the meatal dilator in warm soapy water and dry thoroughly. Store in a clean dry container. When using the dilator for urethral dilatation, you may be advised to use a new catheter each time.

Self-dilatation is not a sterile procedure, but it is important to wash your hands thoroughly before and after.

Troubleshooting

Urine tract infection

If your urine becomes cloudy or has an odour, or you have increased pain or burning when inserting the catheter, you may have an infection. If you suspect that you have a urinary tract infection (UTI), please contact your GP immediately.

Blood in the catheter or urine

Occasionally with self-urethral catheterisation, you may see blood in the urine or catheter. This is normal and nothing to be anxious about.

- Try using more lubricant
- Check for signs of infections.

Only be concerned if the bleeding persists or becomes heavy. Seek medical advice if this occurs.

Difficulty introducing or removing the meatal/urethral dilator

This may result from an awkward technique or spontaneous spasm of the sphincter muscles.

- Check that you are in a comfortable position
- Try using more lubricant
- Take some deep breaths, relax as you slowly exhale, gently but firmly introduce or remove the dilator
- Take a break from trying to insert the catheter. Walk away for several minutes before trying to insert the catheter again. Try not to contaminate the catheter when you do this by placing it back in its packaging.

No urine is draining

This is only for patients that are using catheters for urethral dilatation.

- Ensure the catheter has been inserted far enough to reach the bladder
- Gently pull the catheter back a short distance.

Supplies

If you require a catheter long-term, your doctor or nurse will arrange your catheter requirements through the District Nursing Service. The District Nursing Service will contact you once they receive the referral.

If you are assessed by Nurse Maude as eligible to receive funding for your catheter supplies, you will be informed where you can collect your supplies from.

The supplies can be delivered to your home by courier for a fee. If you go on holiday, remember to inform Nurse Maude and arrange to take any supplies.

If you need additional supplies, they can be purchased from:

NURSE MAUDE HEALTH AND MOBILITY SHOP

87a Gasson Street	Monday – Friday
Sydenham	8.30 am – 4.30 pm
Christchurch 8023	Closed weekends and public holidays
(03) 375 4240	https://nursemaude.org.nz/health-and-mobility-shop/

Contact information

If you have any concerns or questions regarding this procedure, please contact the Clinical Nurse Specialists at Christchurch Hospital, on (03) 364 1008 or (03) 364 0541.

For more information about:

- Hospital and specialist services, go to www.healthnz.govt.nz/hospitals-services/hospitals/canterbury
- Your health and medication, go to www.healthnz.govt.nz/health-topics

For information on parking, how to get to the hospital, and visiting hours, please visit the [Christchurch Hospital](#) website.